

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax (703) 746-4000**

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

07/26/2004

Maureen Stretch  
 26 Charles Street  
 Natick, MA 01760

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

|                 |                    |
|-----------------|--------------------|
| MAUREEN STRETCH | (Depositor's name) |
| Maureen Stretch | (Signature)        |
| 10/26/04        | (Date)             |

|                 |            |                      |                     |                  |
|-----------------|------------|----------------------|---------------------|------------------|
| APPLICATION NO. | FILED DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 09/702,049      | 10/30/2000 | JEFFREY CONKLIN      | ET00-007CIP         | 8546             |

TITLE OF INVENTION: SYSTEM AND METHOD FOR AUTOMATED, ITERATIVE DEVELOPMENT NEGOTIATIONS

|                |              |           |                 |                  |            |
|----------------|--------------|-----------|-----------------|------------------|------------|
| APPL. TYPE     | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
| nonprovisional | YES          | \$665     | \$0             | \$665            | 10/26/2004 |

|                         |          |                |
|-------------------------|----------|----------------|
| EXAMINER                | ART UNIT | CLASS-SUBCLASS |
| MEINCKE DIAZ, SUSANNA M | 3623     | 705-080000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 MAUREEN STRETCH

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sky Technologies, LLC

Boston, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501696 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☒ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

(Authorized Signature)

(Date)

Maureen Stretch Reg. #29,447 10/26/04

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE(S)

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance order, and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

01/26/2004

Maureen Stretch  
 26 Charles Street  
 Natick, MA 01760

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or format drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

MAUREEN STRETCH (Date)  
 Maureen Stretch (Signature)  
 10/26/04 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
|-----------------|-------------|----------------------|---------------------|------------------|

09/702,049

10/30/2000

JEFFREY CONKLIN

EP00 007C1P

8546

TITLE OF INVENTION: SYSTEM AND METHOD FOR AUTOMATED, ITERATIVE DEVELOPMENT NEGOTIATIONS

| APPL. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|------------|--------------|-----------|-----------------|------------------|----------|
|------------|--------------|-----------|-----------------|------------------|----------|

nonprovisional

YES

\$665

\$0

\$665

10/26/2004

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------|----------|----------------|
|----------|----------|----------------|

MEINCKE DIAZ, SUSANNA M

3623

705-080000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney in agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

MAUREEN STRETCH

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sky Technologies, LLC

Boston, MA

Please check the appropriate assignee category or categories (will not be printed on the patent). ☐ individual ☒ corporation or other private group/entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies

10

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501696 (enclose an extra copy of this form)

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☒ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

(Authorized Signature)

(Date)

Maureen Stretch Reg. #29,447 10/26/04

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE(S)

## Auto-Reply Facsimile Transmission



TO:

Fax Sender at 508 651 9932

Fax Information

Date Received:

10/26/2004 4:10:25 PM [Eastern Daylight Time]

Total Pages:

1 (including cover page)

**ADVISORY:** This is an automatically generated return receipt confirmation of the facsimile transmission received by the Office. Please check to make sure that the number of pages listed as received in Total Pages above matches what was intended to be sent. Applicants are advised to retain this receipt in the unlikely event that proof of this facsimile transmission is necessary. Applicants are also advised to use the certificate of facsimile transmission procedures set forth in 37 CFR 1.8(a) and (b), 37 CFR 1.6(f). Trademark Applicants, also see the Trademark Manual of Examining Procedure (TMPE) section 306 et seq.

Received  
Cover  
Page

=====>

|  |  |                |  |                   |  |   |  |
|--|--|----------------|--|-------------------|--|---|--|
| Sent By: MAUREEN STRETCH;  |  | 508 651 9932 ; |  | Oct-28-04 4:10PM; |  | Page 1  |  |
| <b>MAUREEN STRETCH</b><br><b>ATTORNEY AT LAW</b><br>26 Charles Street<br>Natick, MA 01760<br>508.651.9143 • Fax: 508-651-9932<br>e-mail: mstretch@CFPgroupMA.com   |  |                |  |                   |  |   |  |
| <b>FAX COVER SHEET</b>   |  |                |  |                   |  |   |  |
| To: Director of Patents and Trademarks, Mail Stop ISSUE FEE<br>Of: Commissioner for Patents, P.O. Box 1450 Alexandria VA 22313-1450<br>FAX NUMBER TRANSMITTED TO: 703-745-4000<br>From: Maureen Stretch<br>Client/Matter: ET00-007CIP Issue Fee Transmittal App Ser. No. 09/702,049<br>Date: October 26, 2004  |  |                |  |                   |  |   |  |
| DOCUMENTS:   |  |                |  |                   |  | NUMBER OF PAGES<br>(not including this cover sheet) |  |
| 1. Part B - Fee(s) Transmitted Issue Fee for App 09/702,049  |  |                |  |                   |  | 2.  |  |
| 2.   |  |                |  |                   |  |   |  |
| 3.   |  |                |  |                   |  |   |  |
| 4.   |  |                |  |                   |  |   |  |
| <b>COMMENTS:</b><br>✓ Original will <u>not</u> follow<br>Original will follow by: US mail<br>Please call upon receipt<br>Response needed by:<br>For your approval/suggestions  |  |                |  |                   |  |   |  |
| <small>The information contained in this facsimile message is information provided by a party who makes no attempt to protect privacy. It is intended only for the use of the individual named herein and the privileges are not waived by virtue of this having been sent by facsimile. If the person receiving this message or any other reader of the facsimile is not the named addressee or the employee or agent of the addressee, you are notified that any use, disclosure, distribution or copying of the communication is strictly prohibited. If you have received this message in error, please immediately notify us by telephone and return the original message to us at the above address. We will delete the message.</small> |  |                |  |                   |  |   |  |
| * IF YOU DO NOT RECEIVE ALL PAGES, PLEASE TELEPHONE US IMMEDIATELY AT 508-651-9143<br>CONFIDENTIALITY APPLIES IF THIS BOX IS CHECKED: <input checked="" type="checkbox"/>  |  |                |  |                   |  |   |  |
| PAGE 1/1 RCVD AT 10/26/2004 4:10:25 PM [Eastern Daylight Time] SVRUSPTO-EPUSF-30 DNR:746400 CSID:508 651 9932 DURATION [m:10]s:18  |  |                |  |                   |  |   |  |